OUTCOMES OF REDO PUDENDAL NEUROLYSIS

Michael Hibner, MD, PhD, FACOG, FACS
Director, Division of Gynecologic Surgery
St. Joseph’s Hospital and Medical Center
Phoenix, Arizona, USA
Associate Professor of Obstetrics and Gynecology
Creighton University School of Medicine
Materials

- 8 patients with previous TG pudendal neurolysis
- Patients with TIR neurolysis were excluded
- 2/8 patients had surgery by me
- 6/8 in elsewhere
- One patient had two previous TG surgeries
- Mean time from initial decompression surgery
  3.5 months (1-15)
Materials

- Persistent pain due to other causes ruled out
  - Physical therapy
  - Botox
- Persistent neuralgia confirmed by CT guided block
Methods

- 3/8 patients had platelet rich plasma
- All previously described modifications of original (Robert) procedure applied
- VAS pain scales and sitting time obtained before and after surgery
Results

- VAS pain 7.4 → 3.6 (p<0.05)
- Sitting time (min) 9 → 83 (p<0.05)

- One patient is completely pain free
- One patient has no change in pain, but states pain is now on the other side
Conclusions

- Redo transgluteal pudendal neurolysis is highly successful in reducing pain and increasing sitting time.
- It should be offered to all patients who failed initial surgery and have persistent pudendal neuropathic pain.
Observations

- Other causes (mainly muscular) of persistent pain have to be ruled out
- Repeat surgery (especially after previous TG) surgery is very difficult and may require use of surgical microscope and NIMS monitor